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PLACE OF BIRTH

County of Gila BUREAU OF VITAL STATISTICS State Index No. 171

District of Miami ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 375

Town of Miami Local Registrar's No. \_\_\_\_\_

City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD Magdalena Valdez { Born YES }  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive NO }

Sex of Child <u>Female</u>	Twin, Triplet or other <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate <u>Yes</u>	Date of Birth <u>7/22/21</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Guadalupe Valdez</u>			Full Maiden Name <u>Altamirano Mendez</u>		
Residence <u>Miami, Ariz</u>			Residence <u>Miami, Ariz</u>		
Color or Race <u>Mex</u> Age at last Birthday <u>25</u> (Years)			Color or Race <u>Mex</u> Age at last Birthday <u>18</u> (Years)		
Birthplace <u>Mex</u>			Birthplace <u>Mex</u>		
Occupation <u>Miner</u>			Occupation <u>House wife</u>		
Number of Child of this mother <u>1</u>	Number of children of this mother now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child, and that it occurred on 7/22 1921, at N.M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) B. H. Hardy M.D.  
 (Attending physician, midwife, householder.)\*

Given or Christian name added from a Supplemental report \_\_\_\_\_ 192\_\_\_\_ Filed 7/25 1921 Address Miami, Ariz  
B. H. Hardy M.D.  
 LOCAL REGISTRAR.

459-722-149 A True Copy Filed Aug 3 1921 B. H. Hardy  
 COUNTY REGISTRAR. COUNTY REGISTRAR.